## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA



	Southern District of West Virginia
Dontez Johnson	39818-060
	•
(Enter above the full name of the plaintiff or plaintiffs in this action).	(Inmate Reg. # of each Plaintiff)
	to be assigned by Court)
S Kallis WAKDEN	*
Other Associate WARL	EN NHILL GIRA
M-UNIT-UNITMANAG-1	MK KIVELIA
(Enter above the full name of the defendant or defendants in this action)	
COMPLAIN	<u>VT</u>
I. Previous Lawsuits	
A. Have you begun other lawsuits in stat facts involved in this action or otherw	e or federal court dealing with the same vise relating to your imprisonment?
Yes No	

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HARTONA DEPENDANTS

Sids 0: 100

C. Bennett

J. HANS

J. WCCCE

If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of

В.

	paper	using the same outline).
	1.	Parties to this previous lawsuit:
		Plaintiffs: Nonte- Johnson 39818-06
,		
		Defendants: S. Kallo (SPINOE)
		WINN HOSOCIETE WHADE
		Other ALN HESDOTTE WARLEN
		MAME ONKINOUND
	2.	Court (if federal court, name the district; if state court, name the county);
	3.	Docket Number:
	4.	Name of judge to whom case was assigned:
	5	Disposition (for example: Was the case dismissed? Was it appealed?
		Is it still pending?
		· · · · · · · · · · · · · · · · · · ·
	6.	Approximate date of filing lawsuit: 16-11-17
	7.	Approximate date of disposition:

II.	Place	of Present Confinement: FCI. HazoltoN
	Α.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?  Yes No
	C.	If you answer is YES:  1. What steps did you take? To Hood Br & Contact Contac
		1. What steps did you take? It Hod Br 200
		2. What was the result? MANA AND THE STATE OF THE STATE O
	D.	If your answer is NO, explain why not:
III.	Parti	es
•	and p	em A below, place your name and inmate registration number in the first blank place your present address in the second blank. Do the same for additional tiffs, if any.)
	A.	Name of Plaintiff: 100150 N
		Address: V. U. VOX CONTROL OF CON
	В.	Additional Plaintiff(s) and Address(es):
•		

	(In item C below, place the full name of the defendant in the first blank, his/her
	official position in the second blank, and his/her place of employment in the third
*	blank. Use item D for the names, positions, and places of employment of any additional defendants.)
·	C. Defendant:
	is employed as: (UFRUCI)
	at Coll Huzelton
	D. Additional defendants: DWN ASSOCIATION OF STATES
	Ethal Assicrate will Will William (NIC) Will
	CHUMAN AMINENTENERS
	C. Bennett
IV.	Statement of Claim
	J. FRCCZe
·	State here as briefly as possible the facts of your case. Describe how each defendant
	is involved. Include also the names of other persons involved, dates and places. Do
	not give any legal arguments or cite any cases or statutes. If you intend to allege a
	number of related claims, set forth each claim in a separate paragraph. (Use as much
1./.11	space as you need. Attach extra sheets if necessary.)
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(In item C below, place the full name of the defendant in the first blank, his/her

	official position in the second blank, and his/her place of employment in the third
	blank. Use item D for the names, positions, and places of employment of any
	additional defendants.)
	C. Defendant:
	is employed as: UTKUEII
	at Foct Hazelton
	D. Additional defendants: DNN ASSOCIATE (1917 Des)
	CHOIRSICATE WARRENT NOTES (NICHOUN)
	CHUTAIN AMMENTERICAN
	C Bennett
	J. HAND
	Statement of Claim
	J. FRCCZe
	State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant
	is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a
	number of related claims, set forth each claim in a separate paragraph. (Use as much
	space as you need. Attach extra sheets if necessary.)
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IV. Statement of Claim (confinued):
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and some of my figal material-law week

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.

Cite no cases or statutes.

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Cite no cases or statutes.

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I.	Coun	sel
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?  Yes No
		If so, state the name(s) and address(es) of each lawyer contacted:
	<i>*</i>	If not, state your reasons: Because I have NO acc

Signed this ()	_day of
	Dunta Johnson 39818-
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	Signature of Plaintiff or Plaintiffs
	•
declare under penalty of perj	jury that the foregoing is true and correct.
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	Date)  Signature of Movant/Plaintiff
	Linte Christin
	Linte Christin

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From: JONASON - JONASON - UNITED LAST NAME, FIRST, MIDDLE INITIAL	3988-060 REG NO	_ S. H. J.	C.I. Hazelton
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## FCI Hazelton <u>ADMINISTRATIVE DETENTION</u> Commissary Sheet

Name:		Nontaina II.	•	•
		Register Number:	• 1	Date:
cell Number:	•	Ranget		

You are only allowed to purchase a limited number of Items from each category. If you select more than the limited amount in a category, you will not receive any items from that category. This limits are displayed below each category. Items that you are allowed to purchase more of will be notated with the limit in parenthesis beside the item. Slips that are incomplete, un-readable or missing any lumste information will not be filled. All sales are final, no refunds, exchanges or substitutions for missing items will not be allowed. Your spending limit is \$50.00 Bi-weekly. Commissary is not responsible for lost stolen or damaged slips.

(Sign on line that your scknowledge these conditions. Failure to sign will result in your list not being filled)

Inmete Signatures

Limit	of \$18.80 Stamps Per Weel	(Total)
QTY	ITEM	Price
	.47 Single Stamp	\$0.47
	Book of Stamps	\$9,40
	.02 Single Stamp.	\$0,02
4.8	4	
	Legai Envelopes (limit 2)	\$.90 ·
<u> </u>		
QTY,	Radio/Ear Buds	Price
	Clear Sony 1 Battery Radio	\$27.50
12%	Kosa-GL-3 Ear Buds	\$4.55
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QTY	Batteries (Limit 1 Each)	Price
	AA	\$2.20
	AAA	\$2.20

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Lim	t 2 of Each Items from OTC Medication	Catagory
OTY	OTC Medication	Price
	Allerry Cold Relief	\$1.30
	Antacid.	\$3.23
	Aspirin	\$1.40
\.	Atetaminophen	\$2.13
	Tums	\$2.23
	Tussin Cough Syrup	\$2.28
	Improfen	52.73
•	Loratidine	\$1.90
	Halls Charry Stick	\$1.00
a sking die peter al	Multivitaring an dispersational con an artist	\$1.90
	Vitamin B-Complex	32.50
	Vitamin C	\$1.95
	Vitamin B 200	7,2,7
	Calcium Tableta	\$2.33
	Artificial Tears	\$2,03
	Vapor Rub	32.10
	Mills of Magnesia	\$2.10
	Thiple Antibiotic Cream	\$2.23
. 1	Hemormoid Cream	\$2.30
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	Tolinatials Cream	31.33
	Muscle Rub Cream	\$1.70
	Anti-Fungal Foot Powder	\$2.50
	Naprokes	\$4.65
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	A PARK A THE REAL PROPERTY.	\$13,30
-	Piper Tableta	\$1.93
<del></del>	A&D.Ointment	\$6.00
	Pink Blamuth	\$4.35
	Omborazole	\$3.00
	Acid Reducer (Remitidine)	\$14.30
· · · ·	Imodium	\$5.70
	Street Section	\$2.75

These	Require a Health Services	Signature/S	tamo
QTY	ITEM		Price
•	Degrae Deadorant 🔏	· · · · · :	\$2.90
<u> </u>	Acne Treatment Cream		\$1.50

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